

CONFIDENTIAL MEDICAL REGISTRATION FORM

Please complete all pages in FULL using BLOCK capitals

Surname

First Names (in full)

Previous Surnames

Title: Mr Mrs Miss Ms Male Female

Date of Birth (day/month/year) ___ / ___ / ___ NHS Number ___ ___ ___

Town & country of Birth

Address
Post Code:

Telephone number: Mobile number:

Email address:

Please help us trace your previous medical records by providing the following information:

Your previous address in UK
Post Code:

Name of previous Doctor while at that address

Address of previous Doctor
Post Code:

If you are from abroad

Your first UK address where Registered with a GP
Post Code:

If previously resident in UK date of leaving Date you first came to UK

Patient Declaration for all patients who are not ordinarily resident in the UK

Please see appendix 1 for patient declaration (last page of form)

If you are returning from the Armed Forces:

Addresss before enlisting

Post Code:

Enlistment date

Service/ Personnel number

Were you ever in the armed forces? Yes No

Next of kin

Name	Relationship	Tel. contact number

Data sharing consent choices

SUMMARY CARE RECORD (SCR): your basic details are uploaded to the national NHS database and can be viewed by other health professionals in an emergency (see leaflet).

ENHANCED SHARE: your full medical record can be viewed electronically by some healthcare professional treating you elsewhere but using the same clinical system, such as Dorset Minor Injuries Units and district nurses.

Summary care Record I would like **(please tick one):**

A Summary Care Record containing details of my Medications,

Allergies, any Bad Reactions to Medication AND any

Additional Information (Enhanced share)useful for my care.

I do **not** want to have a Summary Care Record (opt out).

SystemOne Sharing –

I do **not** agree to the sharing of my information for the purposes of my care

Do you have any special communication needs? Yes No

If yes: Sign Language Large Print Other

Where would you like your prescriptions to go to?

Boots Lyme Regis

Charmouth Pharmacy

Lloyds Lyme Regis

Other (please write including town)

Communications: if it is ok for us to leave messages on your home answerphone please tick:

What is your preferred contact method: **text** **email** **letter**

What is your preferred contact number **home** **mobile** **other**.....

Do you consent to receiving text messages from us? Yes No

If you need interpretation, what is your first language?

Allocated GP

All our patients are free to see any GP of their choice, but each patient has a named accountable GP; Dr Forbes Watson on their clinical record. This GP has overall responsibility for your care, but you can request an appointment with any doctor that is available.

Ethnicity

- British or mixed British
- Irish
- African
- Caribbean
- Indian
- Pakistani
- Bangladeshi
- Chinese
- Other (please state):
- Decline to state

Please tell us about yourself:

Are you a carer? Yes No

Do you have a carer? Yes No

If yes, please tell us the name & address of who you care for or who cares for you

Are you happy for us to contact your carer about you?

Yes No

Family History.....

Have any close relatives (*father, mother, sister, brother only*) ever suffered from any of the following: (please indicate who in the boxes)

Heart attack	Stroke	Diabetes	High blood pressure	Asthma	Glaucoma	Cancer

Lifestyle smoking

Do you smoke: Yes No

If yes, do you

smoke: Cigarette Cigars Pipe

Are you an ex-smoker? Yes No

When did you give up?

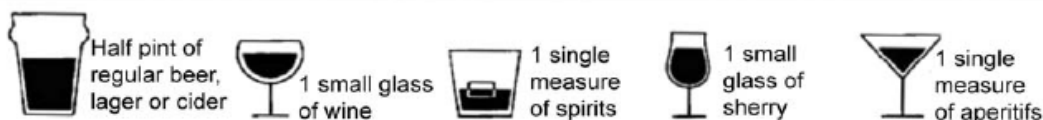
How many cigarettes/ cigars do you smoke daily? <1/day 1-9/day 10-19/day 20-39/day 40+/day

If you smoke a pipe how many ounces a week?

Would you like help to quit smoking? Yes No

Lifestyle alcohol

This is one unit of alcohol...



...and each of these is more than one unit



FAST	Scoring system					Your score
	0	1	2	3	4	
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you failed to do what was normally expected from you because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?	No		Yes, but not in the last year		Yes, during the last year	
Total						

Lifestyle

Please enter your height & weight:

Height:

Weight:

Lifestyle exerciseDo you exercise: Yes No

If yes, please answer the following questions

What exercise do you do?

How often do you exercise?

Allergies

Please list any allergies you have to any drugs/medication:

Name of medication	What was the problem or upset?

List of current medication

If you have a copy of your repeat medications, please pass to Reception to copy

Name of medication	Dosage

Female patients only

Have you had a cervical smear test?

 Yes No

If yes, what was the result? (if known)

Date (if known)

Signature

I confirm that the information I have provided is true to the best of my knowledge.

Signed:

Date:


Signature of patient Signature on behalf of patient

PATIENT DECLARATION for all patients who are not ordinarily resident in the UK

Patient's details

Please complete in BLOCK CAPITALS and tick as appropriate

<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	Surname
Date of birth				First names
NHS No.				Previous surname/s
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Town and country of birth		
Home address				
Postcode		Telephone number		

SUPPLEMENTARY QUESTIONS			
PATIENT DECLARATION for all patients who are not ordinarily resident in the UK			
<p>Anybody in England can register with a GP practice and receive free medical care from that practice. However, if you are not 'ordinarily resident' in the UK you may have to pay for NHS treatment outside of the GP practice. Being ordinarily resident broadly means living lawfully in the UK on a properly settled basis for the time being. In most cases, nationals of countries outside the European Economic Area must also have the status of 'indefinite leave to remain' in the UK. Some services, such as diagnostic tests of suspected infectious diseases and any treatment of those diseases are free of charge to all people, while some groups who are not ordinarily resident here are exempt from all treatment charges. More information on ordinary residence, exemptions and paying for NHS services can be found in the Visitor and Migrant patient leaflet, available from your GP practice.</p> <p>You may be asked to provide proof of entitlement in order to receive free NHS treatment outside of the GP practice, otherwise you may be charged for your treatment. Even if you have to pay for a service, you will always be provided with any immediately necessary or urgent treatment, regardless of advance payment.</p> <p>The information you give on this form will be used to assist in identifying your chargeable status, and may be shared, including with NHS secondary care organisations (e.g. hospitals) and NHS Digital, for the purposes of validation, invoicing and cost recovery. You may be contacted on behalf of the NHS to confirm any details you have provided.</p> <p>Please tick one of the following boxes:</p> <p>a) <input type="checkbox"/> I understand that I may need to pay for NHS treatment outside of the GP practice</p> <p>b) <input type="checkbox"/> I understand I have a valid exemption from paying for NHS treatment outside of the GP practice. This includes for example, an EHIC, or payment of the Immigration Health Charge ("the Surcharge"), when accompanied by a valid visa. I can provide documents to support this when requested</p> <p>c) <input type="checkbox"/> I do not know my chargeable status</p> <p>I declare that the information I give on this form is correct and complete. I understand that if it is not correct, appropriate action may be taken against me.</p> <p>A parent/guardian should complete the form on behalf of a child under 16.</p>			
Signed:		Date: DD MM YY	
Print name:		Relationship to patient:	
On behalf of:			
Complete this section if you live in another EEA country, or have moved to the UK to study or retire, or if you live in the UK but work in another EEA member state. Do not complete this section if you have an EHIC issued by the UK.			
NON-UK EUROPEAN HEALTH INSURANCE CARD (EHIC), PROVISIONAL REPLACEMENT CERTIFICATE (PRC) DETAILS and S1 FORMS			
Do you have a <u>non-UK</u> EHIC or PRC?		YES: <input type="checkbox"/> NO: <input type="checkbox"/>	
 <p><i>If you are visiting from another EEA country and do not hold a current EHIC (or Provisional Replacement Certificate (PRC))/S1, you may be billed for the cost of any treatment received outside of the GP practice, including at a hospital.</i></p>		If yes, please enter details from your EHIC or PRC below:	
		Country Code: <input type="text"/>	
		3: Name <input type="text"/>	
		4: Given Names <input type="text"/>	
		5: Date of Birth <input type="text"/>	
		6: Personal Identification Number <input type="text"/>	
		7: Identification number of the institution <input type="text"/>	
		8: Identification number of the card <input type="text"/>	
		9: Expiry Date <input type="text"/>	
PRC validity period (a) From: <input type="text"/>		(b) To: <input type="text"/>	
Please tick <input type="checkbox"/> if you have an S1 (e.g. you are retiring to the UK or you have been posted here by your employer for work or you live in the UK but work in another EEA member state). Please give your S1 form to the practice staff.			
<p>How will your EHIC/PRC/S1 data be used? By using your EHIC or PRC for NHS treatment costs your EHIC or PRC data and GP appointment data will be shared with NHS secondary care (hospitals) and NHS Digital solely for the purposes of cost recovery. Your clinical data will not be shared in the cost recovery process.</p> <p>Your EHIC, PRC or S1 information will be shared with The Department for Work and Pensions for the purpose of recovering your NHS costs from your home country.</p>			

Scan and send this page of form to: NHSDigital-EHIC@nhs.net